

**CALIFORNIA ARTS COUNCIL
Cultural Institutions Program
INSTRUCTIONS**

CAC-502 is used to request the final payment of your contract. Use this invoice when:

1. You have paid for all expenditures related to this grant.

PART A - CONTRACT INFORMATION

Complete all lines requesting contract and contractor information.

PART B - EXPENDITURES

INDICATE TOTAL CONTRACT EXPENDITURES.

CERTIFICATION

Authorized Officer's **original** signature is required. Signature must match that which is on the approved contract. Photocopies will be returned. If phone number space is not completed, questions on invoices will be returned in writing. This will cause delays in processing.

IF YOU HAVE QUESTIONS ABOUT HOW TO COMPLETE THIS FORM CALL BARBARA CAMPBELL AT (916) 322-6387 OR LORI MOORE AT (916) 322-6342 OR FRANCELLE EICH AT (916) 322-3371.

MAIL INVOICE TO: CALIFORNIA ARTS COUNCIL
ATTN: Accounting Section

CALIFORNIA ARTS COUNCIL
Cultural Institutions Program
INVOICE
FOR FINAL PAYMENT

PART A - CONTRACT INFORMATION

DATE: _____

INVOICE NUMBER: _____

CONTRACTOR NAME/ADDRESS:

Armenian Film Foundation

CONTRACT NUMBER: CIP01-001E

CONTRACT PERIOD: 7/1/01 – 6/30/2004

PART B -EXPENDITURES

LINE ITEMS	COLUMN I ACTUAL CONTRACT EXPENDITURES	COLUMN II APPROVED CONTRACT BUDGET
	CAC	CAC
TOTAL EXPENDITURES . . .	\$	\$

CERTIFICATION

"I hereby certify under penalty of perjury that this final report is in accordance with the contract approved by and the standards of the California Arts Council, that payment has not been previously received for the amount claimed herein and no further expenditures will be charged to this contract."

AUTHORIZED OFFICER (PRINT)

PREPARER'S PRINTED NAME

AUTHORIZED OFFICER (SIGNATURE)

PHONE NUMBER

FOR CAC ACCOUNTING USE ONLY

FY _____ FUND _____ CODING _____ SCHEDULE _____

SIGNATURE _____ DATE _____

INSTRUCTIONS FOR COMPLETING THIS FORM ON REVERSE SIDE